



UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY)

2. TRAVEL NO.

1001

199501

(X21)

Allotment

Obligation

3. DATE

10/2/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Ms. Mary Virginia Kennedy

U.S. Department of State

Washington, D.C.

5. AUTHORIZING OFFICE

2

6. SOC. SEC. NUMBER

1-111-1111

I and my authorized representative

7. APPLICABLE REGULATIONS

☐ FSTR☐ FTRVIO

OTHER

(Specify)

8. ITINERARY, PURPOSE, REMARKS AND SPECIAL INSTRUCTIONS AND AUTHORIZATIONS

Itinerary: From Washington, D.C., on or about October 6, 1980, to Minneapolis and Memphis, and return to Washington, D.C., on or about October 6, 1980.

Purpose: To accompany the Secretary of State

TRAVEL VIA MILITARY AND/OR COMMERCIAL AIR AUTHORIZED

THE USE OF TAXICABS BETWEEN PLACE OF LODGING AND PLACE OF OFFICIAL BUSINESS AND BETWEEN PLACES OF OFFICIAL BUSINESS AUTHORIZED

PER DIEM IN LIEU OF SPECIAL LOCALITY SUBSISTENCE IS AUTHORIZED

9. LIQUIDATION RECORD

Date (A)	Description (B)	Posted By (C)	Obligation Authorized (D)	Obligation Liquidated (E)	Unliquidated Balance (F)
	DEPARTMENT OF STATE A/CDC/MD				
	REVIEWED BY Tolman DATE 2/14/81				
	RDS [] or XDS [] EXT. DATE				
	TE AUTH. REASON(S)				
	ENDORSE EXISTING MARKINGS []				
	DECLASSIFIED [] RELEASABLE []				
	RELEASE DENIED []				
	PA or FOI EXEMPTIONS				

10. TRAVEL REQUESTED BY

Name: Robert Ayler
Title: Staff Assistant

11. FUNDS AVAILABLE

Name: Albert Jarak
Title: Budget Officer

12. AUTHORIZING OFFICER

Name: Albert Jarak
Title: Budget Officer

13. ACCOUNTING CLASSIFICATION CODES - The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc. (For USIA, A through F must be shown.)

A. Appropriation	B. Allotment	C. Obligation	D. Organization/Function (USIA: Sub-Cost/Activity Center)	E. Object (USIA: Function)	F. Sub-Subject (USIA: Resource)	G. Amount
1910113	1001	199501	010101	2151		\$35.00

OPTIONAL FORM 144 (Rev. 12-77)
Dept. of State

SEE REVERSE FOR PRIVACY STATEMENT

COPY 6 - ORIGINATING OFFICE
50144-102